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COURT OF APPEALS
DIVISION III
STATE OF WASHINGTON
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IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION I

ENVER MEŠTROVAC

Respondent/Cross-Appellant,

vs.

DEPARTMENT OF LABOR & INDUSTRIES OF THE STATE OF
WASHINGTON, AND THE BOARD OF INDUSTRIAL INSURANCE
APPEALS,

Appellants/Cross-Respondents.

FILED
COURT OF APPEALS DIV. #1
STATE OF WASHINGTON
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BRIEF OF AMICUS CURIAE
WASHINGTON STATE TRIAL LAWYERS ASSOCIATION
FOUNDATION

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I. IDENTITY AND INTEREST OF AMICUS CURIAE

The Washington State Trial Lawyers Association Foundation (WSTLA Foundation) is a not-for-profit corporation organized under the laws of Washington, and a supporting organization of the Washington State Trial Lawyers Association (WSTLA). WSTLA Foundation, which operates the amicus curiae program formerly operated by WSTLA, has an interest in the rights of injured persons seeking legal redress, including an interest in the rights of persons seeking worker's compensation benefits under the Industrial Insurance Act, Title 51 RCW (IIA or act).

II. INTRODUCTION AND STATEMENT OF THE CASE

Overview

This appeal arises out of a workers' compensation claim by Enver Meštrovac (Meštrovac), under the IIA. Meštrovac appealed three time-loss orders issued by the Department of Labor & Industries (Department), challenging whether they were properly computed under RCW 51.08.178. See Corrected Department Br. at 5. The Board of Industrial Insurance Appeals (Board) conducted a hearing regarding the validity of the time-loss orders. The Industrial Appeals Judge (IAJ) issued a proposed decision and order that modified the Department's determination below regarding wage benefits. In addition, the IAJ also addressed Meštrovac's assertions that he had not been provided sufficient interpretive services during the claims adjudication phase at the Department level, and was deprived of necessary interpretive services in processing his appeal at the

Board level. See Corrected Department Br. at 6-9; Amended Meštrovac Br. at 5-7. However, the IAJ did not allow taking of evidence on the issue of the sufficiency of interpretive services at the Department or Board level. Amended Meštrovac Br. at 6. The Board modified the IAJ proposed decision and order in one respect regarding the wage benefits issues, and upheld the IAJ rulings regarding interpreter services. See Corrected Department Br. at 10-11; Board Br. at 5-7.

This amicus curiae brief is limited to discussing Meštrovac's entitlement to interpretive services at the Department and Board levels.¹ At all times pertinent, Meštrovac had a limited understanding of the English language, and his primary language was Bosnian/Serbo-Croatian (Bosnian). Corrected Department Br. at 7; Amended Meštrovac Br. at 6. Specifically, Meštrovac sought a determination that limited English proficiency (LEP) claimants such as Meštrovac were entitled to interpretive services regarding all claim-related communications with their lawyers, health care providers, employers and others, with respect to claims adjudication before the Department. See Corrected Department Br. at 7. At the Board level, Meštrovac sought, in addition to the on-the-record interpretive services provided, interpretation of confidential communications between Meštrovac and his attorney throughout the

¹ WSTLA Foundation is also filing an amicus curiae brief in Kustura, et al. v. Department of Labor & Industries (C.A. #57445-1-I), which has similar issues regarding availability of interpreter services, and may be set for oral argument before the same panel of this court. See Clerk Richard D. Johnson letter to counsel, January 16, 2007.

course of the Board proceedings. See Corrected Department Br. at 8; Amended Meštrovac Br. at 5.

The IAJ's proposed decision and order modified the time-loss orders of the Department and denied requested relief regarding interpretive services at that level, concluding that there was no Department order subject to review regarding the interpreter issues. See Amended Meštrovac Br. at 1; Corrected Department Br. at 8. The IAJ determined that the interpretive services provided at the Board level were adequate. See Corrected Department Br. at 8.²

Both Meštrovac and the Department filed petitions for review on the IAJ's proposed decision and order. Corrected Department Br. at 9-11. Both parties challenged aspects of the wage benefits computation, and Meštrovac re-raised the interpreter services issue, and requested that the Department reimburse him for the reasonable cost of interpreter services before the Department, the Board and the court. See Corrected Department Br. at 9-10. The Board modified the IAJ's wage benefits disposition, reducing the time-loss calculation. Regarding interpretive services, the Board concluded that the IAJ had fully complied with applicable law regarding interpreter services at the Board level, and that it had no subject matter jurisdiction to consider interpretive services at the

² In particular, the IAJ concluded that interpretation of attorney-client communications in conjunction with the Board hearing may impair the interpreter's objectivity, and possibly violate the governing code of conduct. See Corrected Board Br. at 5, 23.

Department level, for want of an order addressing the issue. See Corrected Department Br. at 10-11.

The superior court, the Honorable Deborah D. Fleck, affirmed the Board regarding the wage-benefits determinations, but ruled in Meštrovac's favor regarding entitlement to interpretive services. The court concluded that Meštrovac's constitutional right to procedural due process had been denied at the Department and Board level, and Meštrovac was entitled to reimbursement for interpretive services incurred at each level. It remanded the case to the Board and ordered the Board to conduct a hearing to determine the amount of reimbursement by the Department for interpretive services at that level, and by the Board for interpretive services with respect to proceedings before the Board. See Corrected Department Br. at 11-13. The Board unsuccessfully sought to intervene at the superior court to address the issue of its responsibility for costs of interpretive services. See Board Br. at 1-2.

The Department appeals the superior court determination regarding interpretive services, and Meštrovac cross-appeals regarding the wage benefit determinations. See Corrected Department Br. at 1-3; Amended Meštrovac Br. at 2-3. The Board has also appealed regarding denial of its motion to intervene and the extent to which it can be required to conduct the hearing ordered by the superior court or be held responsible for costs of interpretive services. See Board Br. at 2-3.

III. ISSUE PRESENTED

To what extent does Ch. 2.43 RCW and the Industrial Insurance Act entitle LEP claimants to interpretive services in proceedings before the Department of Labor and Industries and the Board of Industrial Insurance Appeals, and at whose expense?

IV. SUMMARY OF ARGUMENT

Under the required liberal construction of Ch. 2.43 RCW, LEP claimants are entitled to interpretive services at the claim adjudication stage before the Department of Labor and Industries and on appeal before the Board of Industrial Insurance Appeals. Both the Department and Board levels involve a "legal proceeding," as defined in RCW 2.43.040(2). Under this provision, the cost of these services should be borne by the Department of Labor and Industries, as the governmental body initiating the legal proceeding.

Such interpretive services should include all services reasonably necessary for the processing of the claim before the Department, and fully protecting the LEP claimant's rights. At the Board level, interpretive services should entail all services reasonably necessary to fully protect the LEP claimant's rights, including services for conferences between the claimant and legal counsel throughout the proceeding.

V. ARGUMENT

Under Liberal Construction Of Ch. 2.43 RCW And The IIA, LEP Claimants Are Entitled To Interpreter Services At The Department And Board Levels, Because The Department Claims Adjudication Process Begins The “Legal Proceeding” And The Department Is The Initiating Agency.

Introduction

This amicus brief only addresses the issues involving the extent to which LEP claimant's are entitled to interpretive services at the Department and Board levels.³

During the course of argument regarding whether Meštrovac was denied procedural due process for want of sufficient interpretive services at the Department or Board levels, the parties discuss the underlying statutory and regulatory law regarding interpretive services. See e.g. Corrected Department Br. at 2-3, 45-47; Board Br. at 3, 23-28; Amended Meštrovac Br. at 23-27. This amicus curiae brief only addresses the extent to which LEP claimants are entitled to interpretive services at the Department and Board levels under governing statutes and regulations. The due process issue is not addressed. Thus, this brief may be viewed as responding to the parties' discussion of sub-constitutional rights to interpretive services. (Of course, this court may affirm the superior court's determination regarding interpretive services on any grounds present in the record. See RAP 2.5(a)(3).)

³ In some instances, the Department or Board challenge whether an issue raised by Meštrovac is properly subject to review. See e.g. Corrected Department Br. at 16-23; Board Br. at 38-40. WSTLA Foundation leaves these questions for the court to resolve, and assumes for the purposes of this amicus curiae brief that the merits of the issue discussed will be reached by the court.

Overview of Ch. 2.43 RCW and IIA

Ch. 2.43 RCW governs the use of interpreters in “legal proceedings,” and is designed to protect the rights of non-English-speaking persons in Washington. This chapter is remedial in nature, and must be liberally construed to effectuate this purpose. See Peninsula School v. Employees, 130 Wn.2d 401, 407, 924 P.2d 13 (1996). The chapter begins with a remarkably strong statement on the public policy of the State of Washington regarding the rights of non-English-speaking persons:

Legislative intent

It is hereby declared to be the policy of this state to secure the rights, constitutional or otherwise, of persons who, because of a non-English-speaking cultural background, are unable to readily understand or communicate in the English language, and who consequently cannot be fully protected in legal proceedings unless qualified interpreters are available to assist them.

It is the intent of the legislature in the passage of this chapter to provide for the use and procedure for the appointment of such interpreters. Nothing in chapter 358, Laws of 1989 abridges the parties’ rights and obligations under other statutes or court rules or other law.

RCW 2.43.010.

“Legal proceeding” as used in Ch. 2.43 RCW “means a proceeding in any court in this state, grand jury hearing, or hearing before an inquiry judge, or before [an] administrative board, commission, agency, or licensing body of the state or any political subdivision thereof.” RCW 2.43.020(3). Under RCW 2.43.030(1) “[w]henver an interpreter is appointed to assist a non-English-speaking person in a legal proceeding,

the appointing authority shall, in the absence of a written waiver by the person, appoint a certified or a qualified interpreter to assist the person throughout the proceedings.” Other key provisions of the chapter include: RCW 2.43.030(1)(a)-(2) (qualifications for interpreters); RCW 2.43.040 (fees for interpreters); RCW 2.43.070 (testing and certification of interpreters); and RCW 2.43.080 (ethical standards for interpreters).⁴

Under RCW 2.43.010, two basic criteria govern entitlement to interpretive services for a non-English-speaking person in a legal proceeding. First, the person must have an underlying right - “constitutional or otherwise” - requiring protection. Second, absent interpretive services, the person’s right cannot be “fully protected” in the legal proceeding. Underlying this criteria is the notion that in legal proceedings non-English-speaking persons are entitled to be put on an equal footing with those who speak English. The Legislative declaration requires *full* protection.

This mandate of Ch. 2.43 RCW is particularly relevant in the workers’ compensation context. All claimants under the IIA are promised “sure and certain relief” for industrial injury or occupational disease. RCW 51.04.010. To this end, the act is liberally construed for the purpose of reducing to a minimum the suffering and economic loss of claimants. See RCW 51.12.010.

⁴ The text of the current version of Ch. 2.43 RCW is reproduced in the Appendix, for the convenience of the court.

Application of Ch. 2.43 RCW at the Department and Board Levels

There are two key questions regarding application of Ch. 2.43 RCW at the Department and Board. First, is there a “legal proceeding,” as defined, somewhat awkwardly, in RCW 2.43.020(3)? Second, is such proceeding “initiated” by the Department, thereby requiring it to fund the interpretive services? See RCW 2.43.040(2),(3).

Regarding the “legal proceeding” issue, there seems little doubt that the hearing process before the Board qualifies under the definition in RCW 2.43.020(3). See Board Br. at 25. It is markedly quasi-judicial in nature. However, the statute is not limited to judicial or quasi-judicial hearings, and a Board hearing is not the beginning of the claim adjudication process. It starts at the Department level, and this is where the court’s analysis should focus. Legal proceeding should include a “proceeding ... before [an] ... agency.” RCW 2.43.020(3). The Department is a state agency. The definition is not limited to hearings, and the Department’s argument that the proceeding must be a hearing should be rejected. See Department Br. at 46. As an undefined term, “proceeding” must be given a liberal construction because of the remedial nature of Ch. 2.43 RCW. Black’s Law Dictionary, 1241 (8th Ed. 2004), defines “proceeding” as including:

1. The regular and orderly progression of a lawsuit, including all acts and events between the time of commencement and the entry of judgment.
2. Any procedural means for seeking redress from a tribunal or agency.
3. An act or step that is part of a larger action.
4. The business conducted by a court or other official body; a

hearing. 5. *Bankruptcy*. A particular dispute or matter arising within a pending case - - as opposed to the case as a whole.

The sensibilities reflected in definition 2. above should control here. The processing of a compensation claim at the Department level is a “means for seeking redress” from an agency. While a definition contemplating something akin to a lawsuit - like the Board appeal process - is reasonable, it is not the liberal construction required of this remedial provision. Moreover, the Legislature did not confine “proceeding” to the judicial or quasi-judicial context. See RCW 2.42.120(1) (limiting hearing impaired persons’ entitlement to interpretive services to certain judicial and quasi-judicial proceedings); Duffy v. Riveland, 98 F.3d 447, 457-59 (9th Cir. 1996) (concluding prison classification hearing not a judicial or a quasi-judicial proceeding under RCW 2.42.120(1)).

Assuming the “legal proceeding” requirement is met, it remains to determine if the Department is responsible for funding the interpretive services. The Department contends it is not because it does not “initiate” the legal proceeding within the meaning of RCW 2.43.040(2). See Department Br. at 45-47; see also Board Br. at 25-26. This view should be rejected as inconsistent with the remedial nature of Ch. 2.43 RCW, and because it fails to take into account the unique nature and construction of the IIA.

RCW 2.43.040(2) provides that “in a legal proceeding in which the non-English-speaking person is a party ... the cost of providing the interpreter shall be borne by the governmental body initiating the legal

proceedings.” RCW 2.43.040(3) provides that in those legal proceedings not governed by RCW 2.43.040(2), the cost is borne by the non-English-speaking person, unless he or she is indigent. Under RCW 2.43.040(2), liberally construed, the Department should be deemed the agency “initiating the legal proceedings,” and thus responsible for providing interpretive services for LEP claimants. While the Department argues the employee or beneficiary “initiates” the proceeding by applying for benefits with the Department, this is not the only reasonable interpretation, nor a liberal construction, of RCW 2.43.040(2)&(3) and RCW 2.43.020(3).

In determining whether the Department “initiates” the proceeding under RCW 2.43.040(2), it is helpful to examine how an employee workers’ compensation claim unfolds. Under the IIA, the Department initially adjudicates the employee’s claim for benefits. See Ch. 51.28 RCW. Claims may not be lodged directly with the Board. Compare Ch. 51.52 RCW. If the employee is successful at the Department, the Board may never become involved. If the Department adjudication of the claim is adverse, the employee may appeal to the Board. See RCW 51.52.050; .060.⁵ At this level, the claim is subject to re-determination in an adversarial setting.

When an industrial accident occurs the employee must report the accident *to the employer*, who must in turn notify the Department. See

⁵ The full text of the current versions of RCW 51.52.050 and RCW 51.52.060 are reproduced in the Appendix, for the convenience of the court.

RCW 51.28.010(1). Upon receipt of the notice of accident from the employer, the Department is obligated to notify the employee of his or her rights. RCW 51.28.010(2) requires that:

The department shall immediately forward to the worker or his or her beneficiaries or dependents notification, in non-technical language, of their rights under this title.

See also RCW 51.28.030 (requiring similar notice to beneficiaries). This mandated notification should be deemed the first step in the claims process under the IIA, rendering the Department the initiating agency for purposes of RCW 2.43.040(2). This also means that the entitlement to interpretive services under Ch. 2.43 RCW begins at this point – as it should.

The briefing is unclear as to the sequence of events in this case, regarding the report of injury and application for compensation. It appears that under current practice a Department accident report form may also serve as the claimant's application for compensation. Notably, in the current version of that form the very first line asks for the claimant's language preference. See "REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE" (Effective 9/06), a copy of which is reproduced in the Appendix to this brief. It is unclear as to whether there is an *employer* accident report form, developed pursuant to RCW 51.28.010(1), that likewise asks for the claimant's language preference.

After the required notification to the claimant by the Department, the properly advised claimant must timely apply for benefits. See

RCW 51.28.020(1)(a) (requiring application for compensation); RCW 51.28.050 (establishing one-year limitation period for applying for benefits based upon injury); RCW 51.28.055 (establishing two-year limitation period for filing claims based upon occupational disease or infection). This application triggers the Department investigation and adjudication of the claim itself.

Under the above analysis, this court should conclude a liberal construction of RCW 2.43.040(2) casts the Department as the “governmental body initiating the legal proceedings,” and renders it responsible for funding interpretive services for the proceeding.⁶ The proceeding continues until final resolution of the workers’ compensation claim, whether it is ultimately resolved at the Department level, Board level, or in the courts. The Department’s role as initiating agency is fixed throughout the course of the proceeding, and it is thus responsible for the costs of interpretive services throughout the life of the claim.⁷

⁶ There is another way of looking at RCW 2.43.040(2) which also supports recognizing the Department as the governmental body initiating the legal proceedings. RCW 2.43.040(2) contemplates the non-English-speaking person is involved in a proceeding with one or more *governmental bodies*. The phrase “the cost of providing the interpreter shall be borne by the governmental body initiating the legal proceedings” may serve as a basis for addressing which governmental body is responsible for the cost of services when more than one is involved. As between the Department and the Board, the Department is the governmental body that initiates the claims adjudication process. The “appointing authority” for an interpreter may or may not be the governmental body “initiating the legal proceedings.” See RCW 2.43.020(5); RCW 2.43.040(2).

⁷ Under the views expressed in this brief, it is questionable whether the Board regulation, WAC 263-12-097, indicating the Board, as appointing authority, will pay for ordered interpreter services, is consistent with Ch. 2.43 RCW. The current version of this regulation is reproduced in the Appendix to this brief, for the convince of the court.

Particular Application of Interpretive Services

The interpretative services provided the LEP claimant at the Department level of the claims adjudication process should include those services reasonably necessary to fully develop the claim at this level, thereby allowing the claimant the opportunity to successfully present the claim, and avoid the need to appeal to the Board in order to vindicate his or her rights. The extent of interpretive services required will vary, case to case, depending on the particular circumstances. The touchstone should be whether the LEP claimant's rights are "fully protected," as required by RCW 2.43.010.

This appeal includes a claim of denial of interpretive services to the LEP claimant regarding the Board hearing process, with respect to confidential communications with the lawyer during the hearing process. These communications should be subject to interpretive services in order for the LEP claimant's rights to be "fully protected," as required by RCW 2.43.010. If the claimant cannot talk with or understand his or her lawyer during the preparation of and presentation of the claim, then it is doubtful the claimant can be meaningfully involved in the process to the same extent as an English-speaking person. The LEP claimant should have the same opportunity to make informed choices bearing on the hearing process, or to provide needed input regarding pivotal strategy decisions. For example, faced with cross-examination of a key adverse witness, the claimant's lawyer would normally benefit from his or her

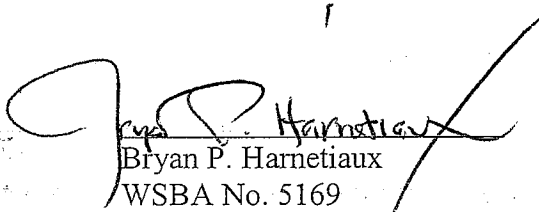
client's assessment of that witness, and any information that may be helpful in challenging the witness' testimony.⁸

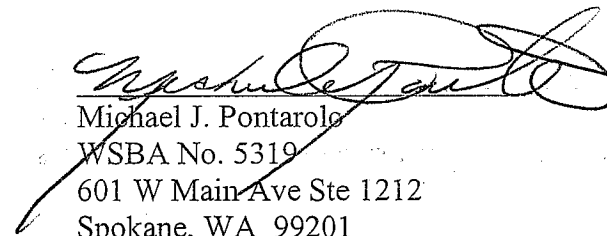
The full spectrum of the Board hearing process should be accessible to the LEP claimant. Anything less leaves the public policy of Ch. 2.43 RCW unfulfilled in the IIA context.

VI. CONCLUSION

The Court should adopt the reasoning advanced in this brief and resolve this appeal accordingly.

DATED this 16th day of July, 2007.


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⁸ An interpreter selected by the appointing authority should also be able to interpret an LEP claimant's communications with his or her lawyer. See GR 11.2(e) (code of conduct for court interpreters); WAC 263-12-097(3).

Appendix

RCW 2.43.010

Legislative intent.

It is hereby declared to be the policy of this state to secure the rights, constitutional or otherwise, of persons who, because of a non-English-speaking cultural background, are unable to readily understand or communicate in the English language, and who consequently cannot be fully protected in legal proceedings unless qualified interpreters are available to assist them.

It is the intent of the legislature in the passage of this chapter to provide for the use and procedure for the appointment of such interpreters. Nothing in chapter 358, Laws of 1989 abridges the parties' rights or obligations under other statutes or court rules or other law.

[1989 c 358 § 1. Formerly RCW 2.42.200.]

RCW 2.43.020

Definitions.

As used in this chapter:

(1) "Non-English-speaking person" means any person involved in a legal proceeding who cannot readily speak or understand the English language, but does not include hearing-impaired persons who are covered under chapter 2.42 RCW.

(2) "Qualified interpreter" means a person who is able readily to interpret or translate spoken and written English for non-English-speaking persons and to interpret or translate oral or written statements of non-English-speaking persons into spoken English.

(3) "Legal proceeding" means a proceeding in any court in this state, grand jury hearing, or hearing before an inquiry judge, or before an administrative board, commission, agency, or licensing body of the state or any political subdivision thereof.

(4) "Certified interpreter" means an interpreter who is certified by the administrative office of the courts.

(5) "Appointing authority" means the presiding officer or similar official of any court, department, board, commission, agency, licensing authority, or legislative body of the state or of any political subdivision thereof.

[2005 c 282 § 2; 1989 c 358 § 2. Formerly RCW 2.42.210.]

RCW 2.43.030

Appointment of interpreter.

(1) Whenever an interpreter is appointed to assist a non-English-speaking person in a legal proceeding, the appointing authority shall, in the absence of a written waiver by the person, appoint a certified or a qualified interpreter to assist the person throughout the proceedings.

(a) Except as otherwise provided for in (b) of this subsection, the interpreter appointed shall be a qualified interpreter.

(b) Beginning on July 1, 1990, when a non-English-speaking person is a party to a legal proceeding, or is subpoenaed or summoned by an appointing authority or is otherwise compelled by an appointing authority to appear at a legal proceeding, the appointing authority shall use the services of only those language interpreters who have been certified by the administrative office of the courts, unless good cause is found and noted on the record by the appointing authority. For purposes of chapter 358, Laws of 1989, "good cause" includes but is not limited to a determination that:

(i) Given the totality of the circumstances, including the nature of the proceeding and the potential penalty or consequences involved, the services of a certified interpreter are not reasonably available to the appointing authority; or

(ii) The current list of certified interpreters maintained by the administrative office of the courts does not include an interpreter certified in the language spoken by the non-English-speaking person.

(c) Except as otherwise provided in this section, when a non-English-speaking person is involved in a legal proceeding, the appointing authority shall appoint a qualified interpreter.

(2) If good cause is found for using an interpreter who is not certified or if a qualified interpreter is appointed, the appointing authority shall make a preliminary determination, on the basis of testimony or stated needs of the non-English-speaking person, that the proposed interpreter is able to interpret accurately all communications to and from such person in that particular

proceeding. The appointing authority shall satisfy itself on the record that the proposed interpreter:

(a) Is capable of communicating effectively with the court or agency and the person for whom the interpreter would interpret; and

(b) Has read, understands, and will abide by the code of ethics for language interpreters established by court rules.

[2005 c 282 § 3; 1990 c 183 § 1; 1989 c 358 § 3. Formerly RCW 2.42.220.]

RCW 2.43.040

Fees and expenses — Cost of providing interpreter.

(1) Interpreters appointed according to this chapter are entitled to a reasonable fee for their services and shall be reimbursed for actual expenses which are reasonable as provided in this section.

(2) In all legal proceedings in which the non-English-speaking person is a party, or is subpoenaed or summoned by the appointing authority or is otherwise compelled by the appointing authority to appear, including criminal proceedings, grand jury proceedings, coroner's inquests, mental health commitment proceedings, and other legal proceedings initiated by agencies of government, the cost of providing the interpreter shall be borne by the governmental body initiating the legal proceedings.

(3) In other legal proceedings, the cost of providing the interpreter shall be borne by the non-English-speaking person unless such person is indigent according to adopted standards of the body. In such a case the cost shall be an administrative cost of the governmental body under the authority of which the legal proceeding is conducted.

(4) The cost of providing the interpreter is a taxable cost of any proceeding in which costs ordinarily are taxed.

[1989 c 358 § 4. Formerly RCW 2.42.230.]

RCW 2.43.050

Oath.

Before beginning to interpret, every interpreter appointed under this chapter shall take an oath affirming that the interpreter will make a true interpretation to the person being examined of all the proceedings in a language which the person understands, and that the interpreter will repeat the statements of the person being examined to the court or agency conducting the proceedings, in the English language, to the best of the interpreter's skill and judgment.

[1989 c 358 § 5. Formerly RCW 2.42.240.]

RCW 2.43.060

Waiver of right to interpreter.

(1) The right to a qualified interpreter may not be waived except when:

- (a) A non-English-speaking person requests a waiver; and
- (b) The appointing authority determines on the record that the waiver has been made knowingly, voluntarily, and intelligently.

(2) Waiver of a qualified interpreter may be set aside and an interpreter appointed, in the discretion of the appointing authority, at any time during the proceedings.

[1989 c 358 § 6. Formerly RCW 2.42.250.]

RCW 2.43.070

Testing, certification of interpreters.

(1) Subject to the availability of funds, the administrative office of the courts shall establish and administer a comprehensive testing and certification program for language interpreters.

(2) The administrative office of the courts shall work cooperatively with community colleges and other private or public educational institutions, and with other public or private organizations to establish a certification preparation curriculum and suitable training programs to ensure the availability of certified interpreters. Training programs shall be made readily available in both eastern and western Washington locations.

(3) The administrative office of the courts shall establish and adopt standards of proficiency, written and oral, in English and the language to be interpreted.

(4) The administrative office of the courts shall conduct periodic examinations to ensure the availability of certified interpreters. Periodic examinations shall be made readily available in both eastern and western Washington locations.

(5) The administrative office of the courts shall compile, maintain, and disseminate a current list of interpreters certified by the office.

(6) The administrative office of the courts may charge reasonable fees for testing, training, and certification.

[2005 c 282 § 4; 1989 c 358 § 7. Formerly RCW 2.42.260.]

RCW 2.43.080

Code of ethics.

All language interpreters serving in a legal proceeding, whether or not certified or qualified, shall abide by a code of ethics established by supreme court rule.

[1989 c 358 § 8. Formerly RCW 2.42.270.]

RCW 51.52.050

Service of departmental action — Demand for repayment — Reconsideration or appeal.

Whenever the department has made any order, decision, or award, it shall promptly serve the worker, beneficiary, employer, or other person affected thereby, with a copy thereof by mail, which shall be addressed to such person at his or her last known address as shown by the records of the department. The copy, in case the same is a final order, decision, or award, shall bear on the same side of the same page on which is found the amount of the award, a statement, set in black faced type of at least ten point body or size, that such final order, decision, or award shall become final within sixty days from the date the order is communicated to the parties unless a written request for reconsideration is filed with the department of labor and industries, Olympia, or an appeal is filed with the board of industrial insurance appeals, Olympia: PROVIDED, That a department order or decision making demand, whether with or without penalty, for repayment of sums paid to a provider of medical, dental, vocational, or other health services rendered to an industrially injured worker, shall state that such order or decision shall become final within twenty days from the date the order or decision is communicated to the parties unless a written request for reconsideration is filed with the department of labor and industries, Olympia, or an appeal is filed with the board of industrial insurance appeals, Olympia.

Whenever the department has taken any action or made any decision relating to any phase of the administration of this title the worker, beneficiary, employer, or other person aggrieved thereby may request reconsideration of the department, or may appeal to the board. In an appeal before the board, the appellant shall have the burden of proceeding with the evidence to establish a prima facie case for the relief sought in such appeal: PROVIDED, That in an appeal from an order of the department that alleges willful misrepresentation, the department or self-insured employer shall initially introduce all evidence in its case in chief. Any such person aggrieved by the decision and order of the board may thereafter appeal to the superior court, as prescribed in this chapter.

[2004 c 243 § 8; 1987 c 151 § 1; 1986 c 200 § 10; 1985 c 315 § 9; 1982 c 109 § 4; 1977 ex.s. c 350 § 75; 1975 1st ex.s. c 58 § 1; 1961 c 23 § 51.52.050. Prior: 1957 c 70 § 55; 1951 c 225 § 5; prior: (i) 1947 c 281 § 1, part; 1943 c 210 § 1, part; 1939 c 41 § 1, part;

1937 c 211 § 1, part; 1927 c 310 § 1, part; 1921 c 182 § 1, part; 1919 c 131 § 1, part; 1911 c 74 § 2, part; Rem. Supp. 1947 § 7674, part. (ii) 1947 c 247 § 1, part; 1911 c 74 § 20, part; Rem. Supp. 1947 § 7676e, part. (iii) 1949 c 219 § 6, part; 1943 c 280 § 1, part; 1931 c 90 § 1, part; 1929 c 132 § 6, part; 1927 c 310 § 8, part; 1911 c 74 § 20, part; Rem. Supp. 1949 § 7697, part. (iv) 1923 c 136 § 7, part; 1921 c 182 § 10, part; 1917 c 29 § 3, part; RRS § 7712, part. (v) 1917 c 29 § 11; RRS § 7720. (vi) 1939 c 50 § 1, part; 1927 c 310 § 9, part; 1921 c 182 § 12, part; 1919 c 129 § 5, part; 1917 c 28 § 15, part; RRS § 7724, part.]

RCW 51.52.060

Notice of appeal — Time — Cross-appeal — Departmental options.

(1)(a) Except as otherwise specifically provided in this section, a worker, beneficiary, employer, health services provider, or other person aggrieved by an order, decision, or award of the department must, before he or she appeals to the courts, file with the board and the director, by mail or personally, within sixty days from the day on which a copy of the order, decision, or award was communicated to such person, a notice of appeal to the board. However, a health services provider or other person aggrieved by a department order or decision making demand, whether with or without penalty, solely for repayment of sums paid to a provider of medical, dental, vocational, or other health services rendered to an industrially injured worker must, before he or she appeals to the courts, file with the board and the director, by mail or personally, within twenty days from the day on which a copy of the order or decision was communicated to the health services provider upon whom the department order or decision was served, a notice of appeal to the board.

(b) Failure to file a notice of appeal with both the board and the department shall not be grounds for denying the appeal if the notice of appeal is filed with either the board or the department.

(2) Within ten days of the date on which an appeal has been granted by the board, the board shall notify the other interested parties to the appeal of the receipt of the appeal and shall forward a copy of the notice of appeal to the other interested parties. Within twenty days of the receipt of such notice of the board, the worker or the employer may file with the board a cross-appeal from the order of the department from which the original appeal was taken.

(3) If within the time limited for filing a notice of appeal to the board from an order, decision, or award of the department, the department directs the submission of further evidence or the investigation of any further fact, the time for filing the notice of appeal shall not commence to run until the person has been advised in writing of the final decision of the department in the matter. In the event the department directs the submission of further evidence or the investigation of any further fact, as provided in this section, the department shall render a final order, decision, or award within ninety days from the date further submission of

evidence or investigation of further fact is ordered which time period may be extended by the department for good cause stated in writing to all interested parties for an additional ninety days.

(4) The department, either within the time limited for appeal, or within thirty days after receiving a notice of appeal, may:

(a) Modify, reverse, or change any order, decision, or award; or

(b)(i) Except as provided in (b)(ii) of this subsection, hold an order, decision, or award in abeyance for a period of ninety days which time period may be extended by the department for good cause stated in writing to all interested parties for an additional ninety days pending further investigation in light of the allegations of the notice of appeal; or

(ii) Hold an order, decision, or award issued under RCW 51.32.160 in abeyance for a period not to exceed ninety days from the date of receipt of an application under RCW 51.32.160. The department may extend the ninety-day time period for an additional sixty days for good cause.

For purposes of this subsection, good cause includes delay that results from conduct of the claimant that is subject to sanction under RCW 51.32.110.

The board shall deny the appeal upon the issuance of an order under (b)(i) or (ii) of this subsection holding an earlier order, decision, or award in abeyance, without prejudice to the appellant's right to appeal from any subsequent determinative order issued by the department.

This subsection (4)(b) does not apply to applications deemed granted under RCW 51.32.160.

(5) An employer shall have the right to appeal an application deemed granted under RCW 51.32.160 on the same basis as any other application adjudicated pursuant to that section.

(6) A provision of this section shall not be deemed to change, alter, or modify the practice or procedure of the department for the payment of awards pending appeal.

[1995 c 253 § 1; 1995 c 199 § 7; 1986 c 200 § 11; 1977 ex.s. c 350 § 76; 1975 1st ex.s. c 58 § 2; 1963 c 148 § 1; 1961 c 274 § 8; 1961 c 23 § 51.52.060. Prior: 1957 c 70 § 56; 1951 c 225 § 6; prior: 1949

c 219 §§ 1, part, 6, part; 1947 c 246 § 1, part; 1943 c 280 § 1, part;
1931 c 90 § 1, part; 1929 c 132 §§ 2, part, 6, part; 1927 c 310 §§ 4,
part, 8, part; 1923 c 136 § 2, part; 1919 c 134 § 4, part; 1917 c 28 §
1, part; 1913 c 148 § 1, part; 1911 c 74 §§ 5, part, 20, part; Rem
Supp. 1949 §§ 7679, part, 7697, part.]

WAC 263-12-097

Interpreters.

(1) When an impaired person as defined in chapter 2.42 RCW or a non-English-speaking person as defined in chapter 2.43 RCW is a party or witness in a hearing before the board of industrial insurance appeals, the industrial appeals judge may appoint an interpreter to assist the party or witness throughout the proceeding. Appointment, qualifications, waiver, compensation, visual recording, and ethical standards of interpreters in adjudicative proceedings are governed by the provisions of chapters 2.42 and 2.43 RCW and General Rule provisions GR 11, GR 11.1, and GR 11.2.

(2) The provisions of General Rule 11.3 regarding telephonic interpretation shall not apply to the board's use of interpreters.

(3) The industrial appeals judge shall make a preliminary determination that an interpreter is able to accurately interpret all communication to and from the impaired or non-English-speaking person and that the interpreter is impartial. The interpreter's ability to accurately interpret all communications shall be based upon either (a) certification by the office of the administrator of the courts, or (b) the interpreter's education, certifications, experience, and the interpreter's understanding of the basic vocabulary and procedure involved in the proceeding. The parties or their representatives may question the interpreter as to his or her qualifications or impartiality.

(4) The board of industrial insurance appeals will pay interpreter fees and expenses when the industrial appeals judge has determined the need for interpretive services as set forth in subsection (1). When a party or person for which interpretive services were requested fails to appear at the proceeding, the requesting party or the party's representative may be required to bear the expense of providing the interpreter.

[Statutory Authority: RCW 51.52.020. 06-12-003, § 263-12-097, filed 5/25/06, effective 6/25/06; 00-23-022, § 263-12-097, filed 11/7/00, effective 12/8/00.]



The Report of Industrial Injury or Occupational Disease

Dept of Labor & Industries

AF 05019

This form is used to apply for workers' compensation benefits from the Department of Labor and Industries State Fund. If L&I accepts the claim, it will pay the worker's medical bills and - if unable to work - a portion of lost wages. L&I will consider each section of this form before making a decision.

Keep your paperwork moving smoothly

- Use a ball-point pen, press firmly and print legibly.
- Answer each question completely. Without full information, benefits could be delayed. If you need to attach additional pages, be sure to write the claim number on each page.
- Describe the accident or occupational disease in detail. If an arm was injured in a fall, tell us which arm and describe how the fall occurred.

Worker instructions

- Help us accurately calculate time-loss benefits for which you may be eligible. Report your marital status and dependents. Be prepared to show documents to verify your information.
- Let us know if you had more than one paying job at the time of the injury.
- Select a health care provider. You have the right to choose any health care provider who is qualified to treat your condition and is reasonably convenient for you to visit. Qualified health care providers include medical, osteopathic, chiropractic, naturopathic, and podiatric physicians, dentists, optometrists and ophthalmologists. Advanced registered nurse practitioners and physician assistants also may provide treatment.
- It is best to stay in touch with your employer and health care provider. If your health care provider says you cannot work, let your employer know. He/she may be able to find work you can do safely while you recover.
- Tell us if you move or change health care providers.
- Do not pay related medical bills unless we inform you your claim was denied. If a pharmacy requires you to pay, keep the receipt so we can reimburse you if the claim is allowed.
- Keep your claim number handy. It is printed on all correspondence we send you.

Health care provider instructions

- Give the worker's copy of this form to the patient **BEFORE** you complete your section.
- Give us a specific diagnosis with an objective description of your findings and patient observations. Provide the ICD code and the part of the body specifically affected.
- Estimate how long your patient may be unable to work and describe physical restrictions. This will help us decide whether to arrange for time-loss benefits or whether your patient, with your approval, may benefit from light-duty or modified work while recovering.
- Provide a medical treatment plan. Include needed diagnostic testing or treatments.
- Indicate whether the patient has previously been treated for the same or similar condition. If available, please indicate the health care provider's name and city of treatment.
- Include your individual L&I provider number-not your hospital's or clinic's.
- Mail or fax the L&I copy to us within **FIVE** days of treatment. Keep the health care provider's page for your records.

Where to send this report:

Mail: Department of Labor & Industries
P.O. Box 44299
Olympia WA 98504-4299
FAX: 1-800-941-2976

How to get help:

Provider Hotline: 1-800-848-0811
Easy-Access Line: 1-800-831-5227
Information Hotline: 1-800-547-8367
Information Online: www.lni.wa.gov

[Note: This form is reproduced here in a reduced size format.]

Legal Notices:

- **False information:** RCW 51.48.020 sub section (2) provides: Any person claiming benefits under this title, who knowingly gives false information required in any claim or application under this title shall be guilty of a Class C felony when such claim or application involves an amount of five hundred dollars (\$500) or more. When such claim or application involves an amount less than \$500, the person giving such information shall be guilty of a gross misdemeanor.
- **Medical Release:** RCW 51.36.060 provides: All medical information in the possession or control of any person and relevant to the particular injury in the opinion of the department pertaining to any worker whose injury or occupational disease is the basis of a claim under this title shall be made available at any stage of the proceedings to the employer, the claimant's representative and the department upon request, and no person shall incur any legal liability by reason of releasing such information.
- **Social Security Number Disclosure:** Disclosure of your social security number is not mandatory, it is requested as part of your application for compensation under Chapter 51.28 RCW and will be used to facilitate the handling of your claim under Title 51 RCW.

Online, L&I's secure Claim & Account Center

Get the most up to date, complete information about your patients' claims online at L&I's secure Claim & Account Center www.ClaimInfo.LNI.wa.gov

Check the status of a workplace injury

- View claim documents, medical reports and L&I's notes about the claim
- Find out if L&I has authorized treatment or paid a bill

Send information to L&I

- Send us a secure message
- Let us know your patient's medical ability to work

Technical Support Assistance:

call: 1-360-902-5999

e-mail: websupport@LNI.wa.gov

NOTE: Workers' compensation claims from employees of self-insured businesses and claims for crime victims are not available in the Claim & Account Center.



REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

Language Preference (circle one)										Claim # AF 05019	
English Spanish Russian Korean Chinese Vietnamese Laotian Cambodian Other:											
1. Name (First-Middle-Last)			2. Sex (circle one) Male Female		14. Date of Injury or Last Occupational Exposure / /			15. Time of Injury (circle one) AM PM		16. Shift (circle one) Day Swing Night	
3. Social Security Number			4. Home Phone ()		5. Birthdate / /			17. Have you ever been treated for same or similar condition? (circle one) YES NO			
6. Home Address			7. Height (Ft-Inch)		18. Is this condition due to a specific incident? (circle one) YES NO						
City State ZIP Code			8. Weight		19. Tell us what body part was injured and how the injury or exposure occurred. (include tools, machinery, chemicals or fumes that may have been involved)						
9. Mailing Address (if different from home address)			10. Marital Status (circle one) Married Widowed Separated Single Divorced		20. Were you doing YES YES NO your regular job? NO						
City State ZIP Code					21. Where did the injury or exposure occur? (circle one) Employer Premises Jobsite Other:						
You may be required to show proof of marital or dependent eligibility											
11. Dependent Children Include unborn, estimate birthdate. Benefits will be based in part on number of legally dependent children. If you don't have custody, complete item 13.				12. Spouse's Name							
Name				Relationship		Legal Custody (circle one) Y N		Birthdate / /		Address	
						Y N		/ /		City State ZIP Code	
						Y N		/ /		23. Was this incident caused by failure of a machine or product OR someone who is not a co-worker? (circle one) YES NO POSSIBLY	
						Y N		/ /		24. List any Witnesses	
						Y N		/ /		25. When will you return to work? / /	
						Y N		/ /		26. When did you last work? / /	
						Y N		/ /		27. Did you report the incident to your employer? Name/Title of Person Reported To	
13. Name & Address of Children's Legal Guardian										28. Date you reported it / /	
										29. Was your employer contributing to your and/or family's medical, dental and/or vision insurance on the day you were injured? (circle one) YES NO	
30. Business Name of Employer				31. Type of Business		32. How long have you worked there? Years Months Weeks Days			33. Employer's Phone # ()		
34. Employer Address				35. Your Job Title & Duties		36. Rate of Pay at this Job (write amount, circle one) Hour Week Month			37. Hours Per Day		
City State ZIP Code						\$			38. Day Per Week		
									39. Additional earnings (circle all that apply) (daily average) Piecework Tips Commission Bonuses		
40. How may paying jobs do you have?				41. Are you? <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> Corp. Director		42. Signature (I declare that these statements are true to the best of my knowledge and belief. In signing this form, I permit health care provider, hospitals, or clinics to release medical reports generated by themselves & others to the Dept. of Labor and Industries.)		Today's Date / /			
						X					

HEALTH CARE PROVIDERS INFORMATION										Claim # AF 05019	
1. Diagnosis			2. ICD Diag. Codes			3. Date you first saw patient for this condition. / /			7. Was the diagnosed condition caused by this injury or exposure? (circle one of four) PROBABLY (50% or more) YES POSSIBLY (Less than 50%) NO		
4. Is the injury due to a specific incident? YES NO			5. Objective findings supporting your diagnosis (include physical, lab and X-ray findings)			9. Is there any pre-existing impairment of the injured area? YES IF YES, describe briefly or attach report NO			8. Will the condition cause the patient to miss work? (circle one) YES NO		
6. Treatment and diagnostic testing recommendations						10. Has patient ever been treated for the same or similar condition? YES IF YES, give year, name of health care provider and city of treatment NO			11. Are there any conditions that will prevent or retard recovery? YES IF YES, describe briefly or attach report NO		
						12. Referral health care provider. Complete if you refer patient to another health care provider for follow up. Name Phone ()			L&I USE ONLY		
13. Name of Hospital or Clinic			Phone ()			14. Attending Health Care Provider			Name Phone ()		
Address						Address					
City State ZIP Code						17. Signature Licensed Health Care Provider must sign report					
15. Place of Service (circle one) Inpatient ER Dr's Office/Clinic			16. Attending Health Care Provider Provider Number NPI Number (after 3-1-07)			X			Today's Date / /		



REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

Language Preference (circle one)				Claim # AF 05019					
English Spanish Russian Korean Chinese Vietnamese Laotian Cambodian Other:									
1. Name (First-Middle-Last)		2. Sex (circle one) Male Female		14. Date of Injury or Last Occupational Exposure / /		15. Time of Injury (circle one) AM PM		16. Shift (circle one) Day Swing Night	
3. Social Security Number		4. Home Phone ()		5. Birthdate / /		17. Have you ever been treated for same or similar condition? (circle one) YES NO			
6. Home Address		7. Height (Fe-Inch)		18. Is this condition due to a specific incident? (circle one) YES NO					
City State ZIP Code		8. Weight		19. Tell us what body part was injured and how the injury or exposure occurred. (include tools, machinery, chemicals or fumes that may have been involved)					
9. Mailing Address (if different from home address)		10. Marital Status (circle one) Married Widowed Separated Single Divorced		20. Were you doing YES 21. Where did the injury or exposure occur? (circle one) your regular job? NO Employer Premises Jobsite Other:					
City State ZIP Code				22. Address where injury or exposure occurred? (Business Name if at Business Location)					
You may be required to show proof of marital or dependent eligibility				Address County					
11. Dependent Children Include unborn, estimate birthdate. Benefits will be based in part on number of legally dependent children. If you don't have custody, complete item 13.		12. Spouse's Name		City State ZIP Code					
Name		Relationship		Legal Custody (circle one) Y N		Birthdate / /		23. Was this incident caused by failure of a machine or product OR someone who is not a co-worker? (circle one) YES NO POSSIBLY	
				Y N		/ /		24. List any Witnesses	
				Y N		/ /		25. When will you return to work? / /	
				Y N		/ /		26. When did you last work? / /	
				Y N		/ /		27. Did you report the incident to your employer? Name/Title of Person Reported To	
13. Name & Address of Children's Legal Guardian				YES NO		28. Date you reported it / /			
				29. Was your employer contributing to your and/or family's medical, dental and/or vision insurance on the day you were injured? (circle one) YES NO					
30. Business Name of Employer		31. Type of Business		32. How long have you worked there? Years Months Weeks Days		33. Employer's Phone # ()			
34. Employer Address		35. Your Job Title & Duties							
City State ZIP Code		36. Rate of Pay at this Job (twice amount, circle one) Hour Week \$ Day Month		37. Hours Per Day		39. Additional earning (circle all that apply) (daily average) Piecework Tips Commission Bonuses			
40. How may paying jobs do you have?		41. Are you? <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corp. Officer		<input type="checkbox"/> Does not apply <input type="checkbox"/> Corp. Shareholder <input type="checkbox"/> Corp. Director <input type="checkbox"/> Optional Coverage		42. Signature I declare that these statements are true to the best of my knowledge and belief. In signing this form, I permit health care provider, hospitals, or clinics to release medical reports generated by themselves & others to the Dept. of Labor and Industries. X Today's Date / /			

HEALTH CARE PROVIDERS INFORMATION				Claim # AF 05019					
1. Diagnosis		2. ICD Diag. Codes		3. Date you first saw patient for this condition. / /		7. Was the diagnosed condition caused by this injury or exposure? (circle one of four) PROBABLY (50% or more) YES POSSIBLY (Less than 50%) NO		8. Will the condition cause the patient to miss work? (circle one) YES NO	
4. Is the injury due to a specific incident? YES NO		5. Objective findings supporting your diagnosis. (include physical, lab and X-ray findings)		9. Is there any pre-existing impairment of the injured area? YES IF YES, describe briefly or attach report NO		10. Has patient ever been treated for the same or similar condition? YES IF YES, give year, name of health care provider and city of treatment NO			
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13. Name of Hospital or Clinic		Phone ()		14. Attending Health Care Provider		Name Phone ()		L&I USE ONLY	
Address				Address					
City State ZIP Code				17. Signature Licensed Health Care Provider must sign report					
15. Place of Service (circle one) Inpatient ER Dr's Office/Clinic		16. Attending Health Care Provider Provider Number NPI Number (after 1-1-11)		X		Today's Date / /			

Online L&I's secure Claim & Account Center

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& Account Center www.ClaimInfo.LNI.wa.gov

Check the status of a workplace injury

View claim documents, medical reports and L&I's notes about the claim

* Find out if L&I has authorized treatment or paid a bill

Send information to L&I

Send us a secure message

* Let us know if your patient can return to work

* Update medical information

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Medical Release: RCW 51.36.060: All medical information in the possession or control of any person and relevant to the particular injury in the opinion of the department pertaining to any worker whose injury or occupational disease is the basis of a claim under this title shall be made available at any state of the proceedings to the employer, the claimant's representative and the department upon request, and no person shall incur any legal liability by reason of releasing such information



REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

Language Preference (circle one)				Claim # AF05019					
English Spanish Russian Korean Chinese Vietnamese Laotian Cambodian Other:									
1. Name (first-middle-last)		2. Sex (circle one) Male Female		14. Date of Injury or Last Occupational Exposure / /		15. Time of Injury (circle one) AM PM		16. Shift (circle one) Day Swing Night	
3. Social Security Number		4. Home Phone ()		5. Birthdate / /		17. Have you ever been treated for same or similar condition? (circle one) YES NO			
6. Home Address		7. Height (ft-inch)		18. Is this condition due to a specific incident? (circle one) YES NO					
City State ZIP Code		8. Weight		19. Tell us what body part was injured and how the injury or exposure occurred. (include tools, machinery, chemicals or fumes that may have been involved)					
9. Mailing Address (if different from home address)		10. Marital Status (circle one) Married Widowed Separated Single Divorced		20. Were you doing YES NO your regular job? YES NO					
City State ZIP Code				21. Where did the injury or exposure occur? (circle one) Employer Premises Jobsite Other:					
You may be required to show proof of marital or dependent eligibility				22. Address where injury or exposure occurred? (Business Name if at Business Location)					
11. Dependent Children Include unborn, estimate birthdate. Benefits will be based in part on number of legally dependent children. If you don't have custody, complete item 13.				12. Spouse's Name					
Name		Relationship		Legal Custody (circle one) Y N		Birthdate / /		23. Was this incident caused by failure of a machine or product OR someone who is not a co-worker? (circle one) YES NO POSSIBLY	
				Y N		/ /		24. List any Witnesses	
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				Y N		/ /		27. Did you report the incident to your employer? (Name/Title of Person Reported To)	
13. Name & Address of Children's Legal Guardian				YES NO		28. Date you reported it / /		29. Was your employer contributing to your and/or family's medical, dental and/or vision insurance on the day you were injured? (circle one) YES NO	
30. Business Name of Employer		31. Type of Business		32. How long have you worked there? Years Months Weeks Days		33. Employer's Phone # ()			
34. Employer Address		35. Your Job Title & Duties		36. Rate of Pay at this Job (write amount, circle one) Hourly \$ Day \$ Week \$					
City State ZIP Code				37. Hours Per Day		38. Additional earnings (circle all that apply) (daily average) Piecework Commission Tips Bonuses			
40. How many paying jobs do you have?		41. Are you? <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corp. Officer <input type="checkbox"/> Does not apply <input type="checkbox"/> Corp. Shareholder <input type="checkbox"/> Corp. Director <input type="checkbox"/> Optional Coverage		42. Signature I declare that these statements are true to the best of my knowledge and belief. In signing this form, I permit health care provider, hospitals, or clinics to release medical reports generated by themselves & others to the Dept. of Labor and Industries.					
				Today's Date / /					

Keep your claim moving smoothly:

- Help us accurately calculate time-loss benefits for which you may be eligible. Report your marital status and dependents. Be prepared to show documents to verify your information.
- Let us know if you had more than one paying job at the time of the injury. Select a health care provider. You have the right to choose any health care provider who is qualified to treat your condition and is reasonably convenient for you to visit. Qualified health care providers include medical, osteopathic, chiropractic, naturopathic, and podiatric physicians, dentists, optometrists and ophthalmologists. Advanced registered nurse practitioners and physician assistants also may provide treatment.
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- Tell us if you move or change health care providers.
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- Keep your claim number handy. It is printed on all correspondence we send you.

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- Medical Release: RCW 51.36.060 provides: All medical information in the possession or control of any person and relevant to the particular injury in the opinion of the department pertaining to any worker whose injury or occupational disease is the basis of a claim under this title shall be made available at any stage of the proceedings to the employer, the claimant's representative and the department upon request, and no person shall incur any legal liability by reason of releasing such information.
- Social Security Number Disclosure: Disclosure of your social security number is not mandatory. It is requested as part of your application for compensation under Chapter 51.28 RCW and will be used to facilitate the handling of your claim under Title 51 RCW.

F242-130-000 report of industrial injury or occupational disease 9-06

WORKERS COPY

This is your claim number: AF 05019

Keep this card handy when contacting us about your claim or to check if L&I has received your claim.

Name Date of Injury

Use this card to get medical services for the treatment of your work-related injury or occupational disease

This card does not mean your claim has been allowed.

Cut this card out. Keep it with you.

Online, L&I's secure Claim & Account Center

Get the most up to date, complete information about your claim online at L&I's Claim & Account Center:
www.ClaimInfo.LNI.wa.gov

Check the status of a workplace injury

- * View claim documents and L&I's notes about the claim
- * See if a time-loss check has been issued
- * Find out if L&I has authorized treatment or paid a bill

Send information to L&I

- * Send us a secure message
- * Off work or returning to work? Update work status
- * Protest a claim decision
- * Change worker's address or phone

NOTE: Workers' compensation claims from employees of self-insured businesses and claims for crime victims are not available in the Claim & Account Center.

Technical Support Assistance:

call 1-360-902-5999

e-mail websupport@LNI.wa.gov

How to get help

Call any L&I field office. They are listed in your local phone book under Washington State, Labor and Industries.

ABERDEEN	EAST WENATCHEE	MOSES LAKE	SPOKANE	VANCOUVER
BELLINGHAM	EVERETT	MT VERNON	TACOMA	YAKIMA
BREMERTON	KENNEWICK	PORT ANGELES	TUKWILA	
COLVILLE	LONGVIEW	SEATTLE	TUMWATER	

L&I claim information:

Easy-Access Line: 1-800-831-5227

Information Helpline: 1-800-547-8367

Information Online: www.lni.wa.gov